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Bib Data Sheet

CONFIRMATION NO. 5668

SERIAL NUMBER 09/993,322	FILING OR 371(c) DATE 11/06/2001 RULE	CLASS 800	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. JMY-P01-002
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APPLICANTS

Derry Roopenian, Salisbury Cove, ME;

** CONTINUING DATA ****

This appln claims benefit of 60/266,649 02/06/2001
 and claims benefit of 60/246,207 11/06/2000

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
ME	8	80	27

ADDRESS

28120

TITLE

FCRN-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS

FILING FEE RECEIVED 2450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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